



02-13-06

Tm 252 \$

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/892,211	
	Filing Date	June 25, 2001	
	First Named Inventor	Story	
	Group Art Unit	2152	
	Examiner Name	D. Dinh	
Total Number of Pages in This Submission		Attorney Docket Number	7334/6CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Declaration for Utility or Design Patent Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- return receipt postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Customer No 29858
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Victor Cole, Reg. No. 56,331
Signature	<i>Victor Cole</i>
Date	February 9, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Mailing Label No. EV446919728US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 9, 2006			
Typed or printed name	Victor Cole		
Signature	<i>Victor Cole</i>	Date	February 9, 2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.